King County	Department of Adult and Juvenile Detention All Divisions General Policy Manual	
	Chapter 3 **Safety and Emergency Procedures**	
3.01.008, Respiratory Protection Program	Approved By:	Director Allen Nance
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Purpose
To protect employees from occupational exposure to respiratory hazards, accomplished through administrative controls, engineering controls, training, and appropriate use of respirators where hazards can't be eliminated.

Policy
This policy applies to all employees who are required to wear a respirator during work operations when a respiratory hazard may be present.

References

DAJD Forms	Respirator Medical Evaluation Questionnaire	(F-524)
	Medical Clearance Form	(F-521)
DAJD Policies	1.03.019, Employee Appearance	
	J-PMP-3.008-2022, Appearance Standards	
WAC	Chapters 296-841	(Airborne Contaminants)
	Chapters 296-842	(Respirators)
	Chapters 296-305-04001	(SCBA)
	Chapters 296-842-15005	(SCBA Fit Testing)
	National Fire Protection Agency Chapters 1981 (1997)	

Definitions
Airborne Isolation: Infection control measure to prevent transmission of an infectious disease via airborne contaminants. These procedures include isolation of an inmate/detained youth, use of specific engineering controls such as negative air flow rooms, and employee respirator use.
Controlled Air-Purifying Respirator (CAPR): A proprietary MaxAir powered air-purifying respirator.
Cloth Face Coverings: Considered source control and are not Personal Protective Equipment or respirators.

Fit Test: The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.
Gas Mask: Any air-purifying full facepiece respirator equipped with appropriate type filter/cartridge.
Immediately Dangerous to Life or Health (IDLH): Exposure to airborne contaminants that is likely to cause death or immediate or delayed permanent adverse health effects or prevent escape from such an environment.
National Institute of Occupational Safety and Health (NIOSH): United States federal agency, part of the Centers for Disease Control and Prevention (CDC), responsible for conducting research and making recommendations for the prevention of work-related injury and illness and for certifying respirators.
PLHCP: Physician or Licensed Healthcare Provider who conducts employee respirator medical evaluations prior to use (typically the EHN or vendor clinic medical provider).
N-95 Respirator: A particulate respirator with a filter as an integral part of the face-piece used as personal protective equipment designed to help reduce the wearer's inhalation of certain airborne particles.
Self-Contained Breathing Apparatus (SCBA): A fully self-contained, atmosphere-supplying respirator for which the breathing air source is designed to be carried by the wearer.
Powered air-purifying respirator (PAPR): An air-purifying respirator that uses a battery-operated motor/blower to force room air through a filter and into a face mask or hood.
Personal Protective Equipment (PPE): Specialized clothing or equipment, possibly including a respirator, worn by a staff member for protection against a hazard.
Respiratory Medical Evaluation Questionnaire: A confidential questionnaire specified by DOSH that is required to be completed by each candidate for respirator use which will be used by the PLHCP in determining whether the employee is cleared for respirator use.
Respiratory Protection Committee: A committee comprised of designated positions with roles involving respiratory control which assists in the development and implementation of DAJD's Respiratory Protection Program.
Tuberculosis (TB): An infectious disease caused by the bacteria, Mycobacterium tuberculosis. TB most commonly affects the respiratory system and is primarily transmitted via the airborne route.
Washington Administrative Code (WAC): Regulations that are a source of primary law in Washington State.
Washington Industrial Safety & Health Act (WISHA): A Washington State act that took effect in 1973. It gives the Washington Department of Labor & Industries (LNI) Division of Occupational Safety and Health (DOSH) the primary responsibility for worker health and safety in Washington State.
National Fire Protection Agency (NFPA): A United States trade association that creates and maintains private, copyrighted standards and codes for usage and adoption by local governments.

A. General Guidelines

1. The DAJD/JHS Adult Division Employee Health Nurse (EHN), as the Program Administrator, has the overall responsibility for the Respiratory Protection Program.

2. The Respiratory Protection Committee (RPC) works with the EHN to assist in the development, implementation, and evaluation of the Respiratory Protection Program.
3. The RPC will evaluate and recommend respirators that the Department will utilize based on the types of hazards that employees are exposed to and in accordance with all applicable WISHA regulations.
4. Only respirators certified by NIOSH and/or NFPA and masks approved by the US Food and Drug Association (FDA) will be selected and used in accordance with their certification/approval.
5. The respirators used in this policy are for the purpose of reducing exposure to airborne communicable diseases and other hazards and atmospheres identified as hazardous to health and/or immediately dangerous to life and health.
6. Employees who wear a respirator must complete an initial respirator medical evaluation and be certified by a PHLCP that the employee is medically able to wear a respirator, before using a respirator to ensure they are able to tolerate the physical and psychological demands imposed by respirator use.
7. Fit testing is required for the N95, Gas Mask and SCBA respirators prior to first use and at least annually thereafter.
8. Respirator training is required before workplace respirator and/or SCBA use begins and at least annually thereafter for the N95, PAPR, CAPR, SCBA and Gas Mask.
9. The Respirator Protection Program will be evaluated when practice changes dictate, to ensure program effectiveness.
10. Only members of the Corrections Emergency Response Team (CERT) will use Gas Masks and SCBAs.

B. Hazard Evaluation

1. The EHN, with the support of the RPC, is responsible for conducting or ensuring hazard evaluations of work areas where airborne contaminants may be present. Hazard evaluations will include, but are not limited to:
   a. Identification of respiratory hazard sources and development of a hazardous substance list, by location or work process.
   b. Review of work processes, to determine where hazardous exposures could occur, and the level of exposures.
   c. When necessary, exposure monitoring will be conducted by an Industrial Hygienist from King County Safety and Claims, to measure potential hazard levels.
2. The EHN is responsible for revising or updating hazard evaluations any time work process changes may potentially affect employee exposure.
3. Supervisory staff will monitor the work area for changes in work processes where employees are using respirators.
4. If changes occur, supervisory staff will notify the EHN.
5. The only exception to this section will be an acute IDLH atmosphere which will be evaluated on a case-by-case basis by qualified staff for SCBA use.

C. Medical Evaluations

1. Employees are provided a confidential medical evaluation to determine if they are medically able to wear a respirator.

2. The EHN or other designated PLHCP, such as the pre-employment physical vendor clinic medical provider, will conduct the medical evaluations using the Respirator Medical Evaluation Questionnaire required by DOSH.
3. The Respirator Medical Evaluation Questionnaire and potential follow-up evaluation will be administered confidentially and during the pre-employment physical or normal work hours.
4. The questionnaire will only be reviewed by an EHN, designated PLHCP, or King County Safety and Claims staff.
5. All completed medical evaluations will remain confidential between the employee and EHN, and within pre-employment physical records kept by King County Safety and Claims.
6. Respirator use will not be allowed until the employee has received medical clearance by the EHN or PLHCP and has been fit-tested to a specific respirator type and size or trained in CAPR/PAPR use.
7. The PLHCP will provide the employee and the EHN a written recommendation or "clearance" that only contains the following information:
   a. Whether or not the employee is medically cleared to wear a respirator.
   b. Any employee limitations on respirator use.
   c. The need for periodic or future medical re-evaluations for respirator use.
   d. A statement that the employee has been offered a copy of the written recommendation.

D. Fit-Testing

1. Fit testing is required for the N95 (except for voluntary usage), Gas Mask and SCBA.
2. DAJD uniformed employees and all clinical staff will be fit tested:
   a. After receiving medical clearance.
   b. Prior to initial use of the respirator.
   c. Annually.
   d. Whenever there is a change in respirator make, model, or size.
   e. When the employee identifies respirator, fit is unacceptable or has a significant change in their health or facial anatomy that may affect respirator use or tolerance and they submit a new Respirator Medical Evaluation Questionnaire to the EHN prior to fit testing.
3. Fit testing will be conducted by designated DAJD employees who have received training by the EHN or another qualified trainer.
4. Fit testing will be conducted using one of the qualitative or quantitative fit-test procedures described in WAC 296-842.
5. Fit testing will not be performed on staff with facial hair (stubble, sideburns, portions of a beard, etc.) or any other condition that interferes with the face-to-respirator/mask seal.
6. DAJD employees and supervisors will be provided with the fit test results.
7. Fit testing records will be maintained by the appropriate DAJD division's Training Unit/Training Coordinator and will include the following information:
   a. Name of employee tested.
   b. Date the fit test was conducted.
   c. Type of solution used in a qualitative fit test.
   d. Manufacturer, model and size of respirator used.

e. Results of fit test (pass or fail).
f. Name of person conducting the testing.

8. Staff who cannot be fit tested to a tight-fitting respirator (i.e., N-95) or fail fit testing, must use a CAPR/PAPR. Fit testing is not required for a CAPR/PAPR. However, CAPR/PAPR training is required prior to initial use and annually thereafter.
9. The PAPR and fit testing hoods must be disinfected with a department-approved disinfectant before reuse.

E. Respirator Use

1. Employees at risk of being exposed to airborne hazards/IDLH conditions during the performance of their work tasks must use respirators.
2. Use of a respirator is required when:
   a. Working with an inmate/detained youth with ~~a~~ known or suspected airborne infectious disease (such as TB, measles, or varicella, among others).
   b. When entering the negative air flow rooms while occupied by an inmate/detained youth on airborne isolation and for two hours after the inmate/detained youth has been transferred out of the isolation room.
3. Employees will leave the area where respirators are required for any of the following reasons:
   a. Respirator maintenance and care.
   b. When there is a noticeable change in breathing resistance which seriously impairs the employee's ability to breathe.
   c. To adjust their respirator.
   d. If the employee experiences dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever, chills or medical emergency.
   e. When the alarm bell begins sounding to indicate a low air alarm for **any** member of a SCBA team.
4. If glasses or personal protective equipment is worn, it must not interfere with the seal of the respirator.
5. Users shall perform a seal check every time the N-95/Gas Mask/SCBA mask is put on to ensure there are no leaks.
6. The employee must perform a pre-operational inspection per manufacturer's instructions to ensure proper operation at the beginning of each use of CAPR/PAPR, Gas Mask or SCBA.

F. Maintenance and Care

1. CAPR/PAPR:
   a. At the Adult Divisions, M&S will oversee the CAPR/PAPR maintenance and care.
   b. At the Juvenile Division, the Safety Officer will oversee the CAPR/PAPR maintenance and care.
   c. PAPRs shall be inspected prior to each use by the user and monthly by M&S, the CCFJC Safety Officer or their designees.
   d. M&S, CCFJC Safety Officer or their designees will ensure that respirators which fail to pass inspection will be repaired or adjusted properly or removed from service. Repairs will be made in accordance with the manufacturer's recommendations and specifications.

e. Respirators will be cleaned by the user after each use per manufacturer instructions.
f. The CAPR/PAPR units will be stored in Department-provided locations (which may include cabinets, carts or bags) so that they are secure and protected against damage.
g. Third shift Officers assigned to the KCCF infirmary and MRJC M-West, and the third shift CCFJC Clinic RN, are responsible for a monthly check of the CAPR/PAPR batteries at the beginning of the shift. If the batteries are found to be low, the battery chargers should be activated for eight hours by use of the timer in line with the electrical outlet.
h. M&S, at KCCF and MRJC, and the third shift CCFJC RN conduct monthly checks of the CAPR/PAPR equipment, including inventory, condition and function.
i. 3M PAPR hoods and MaxAir CAPR helmets are reusable. Once utilized by an individual the hood must be disinfected with a Department-approved disinfectant before reuse. MaxAir DLC cuffs are discarded in a regular waste receptacle after use.
j. PAPR hoods and shrouds should be discarded in a regular waste receptacle only when damaged. Replacement hoods will be available in designated areas and through M&S or the CCFJC Supply Inventory Purchasing Specialist.

2. N95:
   a. Proper storage, care, and replacement of the N95 respirators will be done according to manufacturer recommendations.
   b. Each employee is responsible for the storage and care of their own Department-issued N95 respirator.
   c. Due to the metal nose piece, N95 respirators must be discarded in a waste receptacle not available to inmates/detained youths.
   d. Replacement N95 respirators will be available in designated areas and in M&S or from the CCFJC Supply Inventory Purchasing Specialist
3. Gas Masks:
   a. Proper storage, care, cleaning, disinfecting and replacement of the Gas Masks will be done according to manufacturer recommendations.
   b. Masks of each size will be stored in the CERT equipment room and with riot equipment at each Adult Division site.
   c. Each employee is responsible for the storage, cleaning and care of the Gas Mask following each use.
   d. Gas Masks will be available in designated areas for use by qualified and trained staff.
   e. M&S will be responsible for monthly inspections of Gas Masks
4. SCBA:
   a. Proper storage, care, cleaning, disinfecting and replacement of the SCBA will be done according to manufacturer recommendations.
   b. One mask of each size will be stored with each SCBA.
   c. Each employee is responsible for the storage, cleaning and care of the SCBA and mask following each use.
   d. SCBA's and masks will be available in designated areas for use by qualified and trained staff.
   e. M&S will be responsible for monthly inspections of SCBA's and masks.

f. SCBA air bottle refills will be accomplished by qualified SCBA instructors or via the Seattle Fire Department.

G. Respirator Training

1. All employees who are required to use a respirator and their supervisors are required to perform annual training.
2. Respirator training must cover required topics listed in WAC 296-842.

H. Documentation and Record Keeping

1. The EHN will keep a current copy of the Respiratory Protection Program in the EHN offices at CCFJC, KCCF and MRJC.
2. Completed medical evaluations and all relevant medical information is confidential and will be securely maintained by the EHN for the duration of employment plus 30 years.
3. The Training Unit will retain records that include the names of staff trained, the dates when training was conducted and results.
4. M&S shall retain all records regarding PAPR, Gas Mask and SCBA maintenance, storage, reported malfunctions and repairs of each respirator unit or mask.